

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006764

1. Entity Name

CARING HANDS MINISTRY, INC.

FILED

Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90118 019 ****70.00

Principal Place of Business

Mailing Address

600 W. OAK RIDGE RD.
ORLANDO FL 32809

P.O. BOX 680086-0086
ORLANDO FL 32868

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3540885

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODEN, EARL F ELDER
4424 MARTIN'S WAY APT.B
ORLANDO FL 32808

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GOODEN, EARL F ELDER	
STREET ADDRESS	4424 MARTIN'S WAY, #B	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODEN, EYVONNE W	
STREET ADDRESS	4424 MARTIN'S WAY, #B	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODEN, DAVID J	
STREET ADDRESS	4424 MARTIN'S WAY, #B	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ENGLISH, KEVIN	
STREET ADDRESS	5127 KARL LANE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ENGLISH, BRANDY	
STREET ADDRESS	5127 KARL LANE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JORDAN, WILLIE ELDER	
STREET ADDRESS	267 GARDENIA RD.	
CITY-ST-ZIP	KISSIMMEE FL 34743	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Taylor, Jr. Eugene	
STREET ADDRESS	1997 N. Sharon Road	
CITY-ST-ZIP	AVON PARK, FL. 33825	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY DORSEY	
STREET ADDRESS	3426 Pipes of the Glen Way	
CITY-ST-ZIP	Orlando, FL. 32808	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephanie M. Gooden	
STREET ADDRESS	4424 Martins Way Apt B	
CITY-ST-ZIP	Orlando, FL 32808	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/00 407-297-6558

Date

Daytime Phone #

CR2E037 (9/99)